

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5321</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>FRANK</u> <u>MESSINEO</u> P.O. Box, Bldg., Room No., if any Street <u>2400 MARWICK</u> City <u>LONG BEACH</u> State <u>CA</u> ZIP Code + 4 <u>90815</u>	4. Name, file number, and address of labor organization. Name <u>AFTRA</u> Labor Organization File Number <u>000-030</u> P.O. Box, Building and Room Number, if any Street <u>260 MADISON</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10016</u>
5. Position in labor organization. <u>CONTRACT ADMINISTRATOR - FIELD REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>VIN DI BONA PRODUCTIONS</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>12233 W OLYMPIC BLVD</u> City <u>LOS ANGELES</u> State <u>CA</u> ZIP Code + 4 <u>90064</u>	7.a. Nature of Interest, Transaction, or Income. <u>CHRISTMAS HOLIDAY GIFT BASKET</u> 7.b. Amount. <u>60.</u>

Signature

Frank Messineo

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Frank Messineo

On

8/1/05

Date

(323) 634-8183

Telephone Number

Name of Person Filing

FRANK MESSINED

File Number U-

000-030

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CAST AND CREW TALENT SERVICES

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 100 EAST TWINJUNGA AVE 2ND

City BURBANK

State CA. ZIP Code + 4 91502

9. Business deals with: L

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MULTIPAL EMPLOYERS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PAY ROLL SERVICE FOR
EMPLOYER COMPANIES

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

CHRISTMAS HOLIDAY
GIFT BASKET

12.b. Amount.

70.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.